

STATEMENT OF ECONOMIC INTERESTS
A Public Document

Date Received

Please type or print in ink

NAME 1136 JUNENOOD COURT, LODI 95242 DAYTIME TELEPHONE NUMBER (209) 478-1797
MAILING ADDRESS STREET CITY ZIP CODE

COVER PAGE

1. Office, Agency, or Court

Division, Board, District, if applicable:

CITY COUNCIL PERSON

Position:

► If filing an expanded statement list agency/position:
(Attach a separate sheet if necessary)

2. Office Jurisdiction (Check one)

- ☐ State ☐ County of _____
☐ City of LODI
☐ Multi-County _____
☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
(Check one)
☐ Elected Official
☐ Appointed Official (includes individuals newly hired)
☐ Annual
(Check one)
☐ The period covered is January 1, 1997 through December 31, 1997.
☐ The period covered is ____/____/____ through December 31, 1997.
☐ Leaving Office Date Left: ____/____/____
(Check one)
☐ The period covered is January 1, 1997 through the date of leaving office.
☐ The period covered is ____/____/____ through the date of leaving office.

☒ Candidate

4. Schedule Summary

► During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☐ Yes - schedule attached
Income - Loans

Schedule E ☐ Yes - schedule attached
Income - Gifts

Schedule F ☐ Yes - schedule attached
Income - Travel Payments

► ☐ No reportable interests

► Total number of pages (including this cover page): 4

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 26 19 98
(month, day) (year)

SIGNATURE Chris N. [Signature]

orig mailed on 8/7/98

Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)

Name ALAN NAKHONCH

NAME OF SOURCE
DELTA EYE MEDICAL GROUP, INC

ADDRESS
521 S. HAM LN. SUITE A

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL PRACTICE

BUSINESS POSITION
PHYSICIAN

GROSS INCOME RECEIVED
☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☒ Over \$10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____

➤ NAME OF SOURCE _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

BUSINESS POSITION _____

GROSS INCOME RECEIVED

☐ \$250 - \$1,000 ☐ \$1,001 - \$10,000 ☐ Over \$10,000

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BUSINESS POSITION

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☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other: _____

Comments: